

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 144200001		CITY OR TOWN	WESTFOR	D
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	H.E. FLETCHER S	SOCIAL & ATHLE	ΓIC CLUB INC.		
DOING BUSINESS	A				
ADDRESS 11 BRO	OKSIDE RD.				
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: POS	NAK, DANIEL TYP	PE OF LICENSE: Cl	ub C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
FOUR ROOMS ON	FIRST FLOOR, THE	REE ROOMS ON S	ECOND FLOOR, F	ULL CELLAF	₹.
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of	the same type for the	e same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating t	to taxes; and	
3. the prem	ises are now open for	business (If not exp	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
D.A.TEE					
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	dividual Social So	ecurity Number)
We the undersigne	ed, attest that we are	in possession (1) th	e certificate requir	ed by Chapte	er 304 of the
	d by the building ins				
license and (2) the	certificate of liquor	liability insurance	required by Chapte	r 116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
					
DATE:					



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LICENSE NUM	BER: 144200002		CITY OR TOWN	WESTFOR	Ф
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: STEPHDON	IN, INC.			
DOING BUSINE	ESS A THE WILL	OWS			
ADDRESS 75 B	ROOKSIDE RD.				
CITY/TOWN:	WESTFORD	STATE: MA	ZIP CODE:	01886	
	RAMALHO, STEPHEN	TYPE OF LICENSE:	Restaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	OF LICENSED PI				
	WO ROOMS, KIT ND EXIT ON BRO	TCHEN, DINING ROOM OOKSIDE RD	1, ONE BATHROOM	I, NO CELLA	.R.
I hereby certify a	and swear under pe	nalties of perjury that:			
1. the re	newed license will	be of the same type for t	he same premises nov	w licensed;	
2. the lie	censee has complie	ed with all laws of the Co	mmonwealth relating	to taxes; and	
3. the pr	remises are now op	en for business (If not ex	plain below)		
SIGNED BY:					
	Individual, F	Partner or Authorized Con	rporate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: <u>NO1</u> Ir	idividual Social S	security Number)
We the undersi	gned, attest that v	we are in possession (1)	the certificate requi	red by Chapt	er 304 of the
		ing inspector and the h			
ncense and (2)	ine cerificate of i	iquor liability insuranc	e required by Chapt	er 116 of the	Acts 01 2010.
Please Check Below APPROVED:	<u>:</u>		LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED.).		By:		
(If disapproved e					
**					
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILI	ED BY LICENSEES DURING THI	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBI	EK: 144200005		CHY	OR TOWN	WESTFOR	ענ	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	013	
		CLASS				YEAR	
LICENSEE NAMI	E: FREDERICK S.	HEALY POST #1:	59 AMERIO	CAN LEGIC	N		
DOING BUSINES	SS A						
ADDRESS CROS	S ST. & BWAY.						
CITY/TOWN: W	ESTFORD	STATE: N	1A ZII	P CODE:	01886		
	AC TY IERSON,CHRIST PHER	YPE OF LICENSE	:Veterans cl	lub Ca	ATEGORY:	All Alcohol	
EMAIL ADDRESS	S:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDI	RESS			
DESCRIPTION O	F LICENSED PREM	IISES:					
ONE FLOOR, TW	O LAVATORIES, S	TORAGE ROOM	ON MAIN	FLOOR CE	LLAR NOT I	N USE	
I hereby certify and	d swear under penalti	es of perjury that:					
	ewed license will be o	* *	-				
2. the lice	nsee has complied wi	th all laws of the C	ommonweal	lth relating t	o taxes; and		
3. the prer	mises are now open for	or business (If not e	explain belo	w)			
-							
SIGNED BY:							
	Individual, Partn	er or Authorized C	orporate Of	ficer			
DATE:	TELEPHO	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:			
			(1)	Note: NOT Ind	lividual Social S	vidual Social Security Number)	
Acts of 2004, sign	ned, attest that we an ned by the building i e certificate of liquo	inspector and the	head of the	fire depart	ment for the	above named	
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY	
APPROVED:			By:				
DISAPPROVED:	-1-:-)						
(If disapproved exp	piain)						
DATE:							
APPLICATION FOR REN	NEWAL MUST BE FILED BY	Y LICENSEES DURING T	HE MONTH OF	NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)	



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LICENSE NUMBER:	: 144200006		CITY	OR TOW	N WESTFOR	ED .
APPLICATION FOR	RENEWAL:	Annua	1	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 114 DUN	A	M. LEGION PO	OST #437 IN	IC.		
CITY/TOWN: WES	TFORD	STATE:	MA Z	IP CODE:	01886	
MANAGER: TULL	Y, BARBRA J.TY	PE OF LICENS	E:Veterans	club	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:				
TWO STORY WOOI OF 35 PEOPLE WHI GUESTS						
I hereby certify and sv	wear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type for	or the same	premises no	ow licensed;	
2. the license	e has complied with	all laws of the	Commonwe	alth relating	g to taxes; and	
3. the premise	es are now open for	business (If not	explain bel	ow)		
SIGNED BY:	Individual, Partner	or Authorized	Corporate O	fficer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the	head of the	e fire depa	rtment for the	above named
Please Check Below:			LO	CAL LICE	NSING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	ui <i>)</i>					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY I	ICENSEES DURING	THE MONTH O	F NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 144200010		CITY OR TOV	VN WESTFOR	(D
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BIXBITE LLC				
DOING BUSINESS A	A BIXBITE RESTA	URANT			
ADDRESS 175 LITT	LETON RD.				
CITY/TOWN: WES	TFORD	STATE: MA	ZIP CODE	: 01886	
MANAGER: BERCH.	G, CARLTON TYP	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L					
ONE FLOOR, TWO			US KITCHEN		
I hereby certify and sv	•				
		the same type for the	•		
	•	all laws of the Comm		ng to taxes; and	
3. the premise	es are now open for	business (If not expla	in below)		
SIGNED BY:	T 11 1 1 D		O SC		
	Individual, Partner	or Authorized Corpo	rate Officer		
D . 1977					
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	spector and the head	of the fire dep	artment for the	above named
Please Check Below:	•	•	-	• ENSING AUTH	
APPROVED:			By:	21 (021 (0 1 1 0 1 1 1	
DISAPPROVED:			•		
(If disapproved explain	n)				
			-		
D 4 (TIE)					
DATE:					



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LICENSE NUMBI	3R: 144200011		CITY OR TOWN WESTFO	JKD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: WESTFORD	REGENCY INN INC.		
DOING BUSINES	S A			
ADDRESS 219 LI	TTLETON RD.			
CITY/TOWN: W	ESTFORD	STATE: MA	ZIP CODE: 01886	
	LDROY, IZABETH L.	TYPE OF LICENSE:I	nnholder CATEGORY	7: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
193 ROOM HOTE SPA ON 20 ACRE		GE, RESTAURANT,BA	NQUET ROOM, POOL AND H	EALTH
I hereby certify and	d swear under pen	alties of perjury that:		
1. the rene	wed license will !	be of the same type for the	ne same premises now licensed;	
2. the licer	nsee has complied	l with all laws of the Cor	nmonwealth relating to taxes; and	d
3. the pren	nises are now ope	en for business (If not exp	plain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	12251	1101 (21 (01)1221)	(Note: NOT Individual Socia	l Security Number)
Acts of 2004, sign	ed by the building	ng inspector and the he	the certificate required by Cha ad of the fire department for the required by Chapter 116 of th	he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	plain)			
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILE!	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	\$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200012		CITY OR TOWN	WESTFOR	D
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: 3550 LITTLET	ON RD.,LLC			
DOING BUSINESS A THE NEW T	IKI			
ADDRESS 355 LITTLETON RD.				
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: GOK, LOUIE Y.	TYPE OF LICENSE:Re	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		L
DESCRIPTION OF LICENSED PRE	MISES:			
ONE STORY BUILDING; NO CELL ROOM; BOILER ROOM; 3 RESTRO			N; STORAGI	Е
I hereby certify and swear under penal	Ities of perjury that:			
1. the renewed license will be	of the same type for the	same premises now	licensed;	
2. the licensee has complied v	with all laws of the Com	monwealth relating to	o taxes; and	
3. the premises are now open	for business (If not expl	ain below)		
SIGNED BY:				
Individual, Par	tner or Authorized Corpo	orate Officer		
DATE: TELEPH	IONE NUMBER:			ION NUMBER:
		(Note: NOT Ind	lividual Social S	ecurity Number)
We the undersigned, attest that we	are in possession (1) th	e certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building	g inspector and the hea	d of the fire departi	ment for the	above named
license and (2) the certificate of liqu	ior liability insurance i	required by Chapte	r 116 of the A	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1442000	013	CITY OR TOWN	WESTFORD
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WESTF	ORD TENNIS CENTER INC		
DOING BUSINESS A WEST	FORD TENNIS CENTER		
ADDRESS 4 LITTLETON RI	D-RT110		
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886
MANAGER: SHYJAN, MICHAEL	TYPE OF LICENSE:	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
SIX INDOOR TENNIS COUF LOCKER ROOMS; PRO SHO			
I hereby certify and swear under	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now	licensed;
2. the licensee has con	nplied with all laws of the Cor	nmonwealth relating to	o taxes; and
3. the premises are no	w open for business (If not ex	plain below)	
SIGNED BY: Individu	nal, Partner or Authorized Cor	porate Officer	
DATE:	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the billicense and (2) the certificate	uilding inspector and the he	ad of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200014	C	TY OR TOWN	WESTFOR	D
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: STONY BROOK	FISH & GAME ASSOC	INC.		
DOING BUSINESS A				
ADDRESS LOWELL RD.				
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: BELL, RICHARD R. TY	YPE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EMAII	ADDRESS		
TWO FLOORS INCLUDING ONE SU RESTROOMS AND STORAGE. MAIN		MEETING HAI	LL,KITCHEN	N, TWO
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	of the same type for the same	ne premises now	licensed;	
2. the licensee has complied wi	th all laws of the Common	wealth relating to	taxes; and	
3. the premises are now open for	or business (If not explain	below)		
SIGNED BY: Individual, Partne	er or Authorized Corporat	e Officer		
marvidui, i urur	or or rumorized corporat	e officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TEELING	IVE IVEWIDER.	(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the head of	the fire departr	nent for the	above named
Please Check Below:	J	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]	By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 144200015		CITY OR TOWN	WESTFOR	D	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20)13	
		CLASS			YEAR	
LICENSEE NAME:	NABNASSETT L	AKE COUNTRY CL	UB INC.			
DOING BUSINESS	A					
ADDRESS OAK HI	LL RD.					
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886		
MANAGER: LAN	DERS, JAMES TY	PE OF LICENSE: Clu	b C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		L	
DESCRIPTION OF	LICENSED PREMI	SES:				
TWO STORY CLUI	BHOUSE, ONE RO	OM ON EACH FLOC)R			
I hereby certify and s	swear under penaltie	s of perjury that:				
1. the renew	ved license will be of	the same type for the	same premises now	licensed;		
2. the licens	ee has complied with	all laws of the Comn	nonwealth relating t	to taxes; and		
3. the premi	ses are now open for	business (If not expla	in below)			
SIGNED BY:						
	Individual, Partne	r or Authorized Corpo	rate Officer			
DATE:	TELEPHON	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:	
			(Note: NOT Inc	(Note: NOT Individual Social Security Number)		
					204 0.7	
		e in possession (1) the spector and the head				
		liability insurance re				
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:	311 (0 110 111)		
DISAPPROVED: [,			
(If disapproved explain	ain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 144200016	(IIY OR IOWN WESTFOR	KD
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAMI	E: VALLEY LODGE INC	C.		
DOING BUSINES	SS A NASHOBA VALLEY	Y SKI AREA		
ADDRESS POWE	ERS RD.			
CITY/TOWN: W	ESTFORD	STATE: MA	ZIP CODE: 01886	
MANAGER: FL W.	ETCHER, ALAN TYPE (OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION O	F LICENSED PREMISES	:		
	GE ROOMS. SECOND FL		TH BAR; KITCHEN;REST ND LOUNGE;OFFICE AND	
I hereby certify and	d swear under penalties of J	perjury that:		
1. the rene	ewed license will be of the	same type for the sa	ame premises now licensed;	
2. the lice	nsee has complied with all	laws of the Commo	nwealth relating to taxes; and	
3. the prei	mises are now open for bus	iness (If not explain	n below)	
SIGNED BY:	Individual, Partner or A	Authorized Corpora	ate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ned by the building inspec	tor and the head o	certificate required by Chap of the fire department for the quired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	mlain)			
(II disapproved ex	piaiii)			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 144200017	•	LITY OR TOWN WEST	IFORD
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	BELLE'S BISTRO	, INC		
DOING BUSINESS	A BELLE'S BISTRO	O		
ADDRESS 2 POWE	ER RD.			
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE: 01886	6
	NCHARD, TYI ICY L.	PE OF LICENSE: Resta	aurant CATEGO	PRY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF				
		ГСНЕN, 65 SEAT CA	PACITY	
I hereby certify and s	•	1 5 6		
		* *	ame premises now license	
			onwealth relating to taxes;	and
3. the premi	ses are now open for	business (If not explain	n below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TEL EDITON		EMDLOVED IDENTI	FICATION NUMBER:
Dille.	TELEPHON	E NUMBER:	(Note: NOT Individual Se	
				•
Acts of 2004, signed	d by the building ins	pector and the head	certificate required by C of the fire department fo quired by Chapter 116 of	r the above named
Please Check Below:			LOCAL LICENSING AT	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	aın)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200018	(CITY OR TOWN	WESTFOR	D
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: CLUB FRANCO-AMERIC	CAIN DE WES	TFORD INC.		
DOING BUSINESS A				
ADDRESS 55 W. PRESCOTT ST.				
CITY/TOWN: WESTFORD ST.	ATE: MA	ZIP CODE:	01886	
MANAGER: Crocker, Richard TYPE OF I	LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:	WEGUEN CE		D AND GEOR	N. CE
ONE FLOOR WITH MAIN HALL, BAR AND I AREA	ATTCHEN; CEI	LLAR WITH BA	R AND STOR	RAGE
I hereby certify and swear under penalties of perj	ury that:			
1. the renewed license will be of the sam	e type for the sa	ame premises nov	v licensed;	
2. the licensee has complied with all law	s of the Commo	onwealth relating	to taxes; and	
3. the premises are now open for busines	s (If not explain	n below)		
SIGNED BY: Individual, Partner or Autl	horized Corner	ote Officer		
murvidual, Fartilet of Auti	ionzed Corpora	ate Officer		
DATE: TELEBRIONE NUM	MDED.	FMPI OYE	R IDENTIFICAT	TON NUMBER:
TELEPHONE NUM	IBEK:		dividual Social S	
We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector				
license and (2) the certificate of liquor liability				
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUI	MBER: 144200019		CITY OR TOWN WEST	UKD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NA	AME: WESTFORD	V.F.W. MATTAWANA	AKEE POST #6539 INC.	
DOING BUSIN	NESS A			
ADDRESS 67	WEST PRESCOTT	ST.		
CITY/TOWN:	WESTFORD	STATE: MA	ZIP CODE: 01886	
MANAGER:	FITZPATRICK, BRIAN	TYPE OF LICENSE: V	Teterans club CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
	BLDG. FIRST FLOO OOR WITH BAR AN		GE ROOM AND OFFICE, KIT	CHEN.
I hereby certify	and swear under pen	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensed;	
2. the 1	licensee has complied	d with all laws of the Con	nmonwealth relating to taxes; an	nd
3. the 1	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY:				
SIGINED DI.	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004,	signed by the building	ng inspector and the he	he certificate required by Cha ad of the fire department for required by Chapter 116 of t	the above named
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200020		CITY OR TOWN	WESTFOR	D
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: PARENTS,INC				
DOING BUSINESS A PARENTS MARKE	T			
ADDRESS 27 BROADWAY				
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: PARENT, DAVID J TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES TWO ROOMS, FIRST FLOOR; CELLAR U I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with all 3. the premises are now open for bus	perjury that: same type for the laws of the Comn	same premises now nonwealth relating to		
SIGNED BY: Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 144200023		CITY OR TOWN	WESTFOR	D
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSIN	ME: WESTFORD PACESS A LITTLETON RD	CKAGE STORE,ING	C,		
CITY/TOWN:	WESTFORD	STATE: MA	ZIP CODE:	01886	
	BURSEY, DONNA TY M.	PE OF LICENSE:P	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PREMI FOR SALES AREA	ISES:			
1. the ro 2. the li	and swear under penaltie enewed license will be of icensee has complied with remises are now open fo	f the same type for the h all laws of the Con	nmonwealth relating to		
SIGNED BY:	Individual, Partne	er or Authorized Corp	porate Officer		
DATE:	TELEPHOI	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200024	CITY OR TOWN WESTFORD					
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013					
CLAS	SS YEAR					
LICENSEE NAME: LRL, INCORPORATED						
DOING BUSINESS A LITTLETON ROAD LIQUORS						
ADDRESS 441 LITTLETON RD						
CITY/TOWN: WESTFORD STATE:	MA ZIP CODE: 01886					
MANAGER: KEOPHILA, TYPE OF LICENS DUANG	SE:Package Store CATEGORY: All Alcohol					
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
ENTRANCE ON LITTLETON RD, EXIT AT REAR. T STORAGE AND ONE FOR SALES, CELLAR STORA						
 the renewed license will be of the same type f the licensee has complied with all laws of the the premises are now open for business (If no 	Commonwealth relating to taxes; and					
SIGNED BY: Individual, Partner or Authorized	Corporate Officer					
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)					
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY					
DISAPPROVED: By:						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200025	(CITY OR TOWN	WESTFOR	D
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: JO-HI LIQUORS	,INC			
DOING BUSINESS A NABNASSET I	LIQUORS			
ADDRESS 31 NABNASSET ST				
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: HICKEY, JOHN J TY JR.	YPE OF LICENSE:Pack	tage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREM	ISES:			
ONE ROOM FOR SALES ON FIRST F STORAGE	LOOR; TWO ROOMS	FOR STORAGE; (CELLAR US	ED FOR
 the renewed license will be o the licensee has complied wit the premises are now open for 	th all laws of the Commo	onwealth relating to		
SIGNED BY: Individual, Partne	er or Authorized Corpora	ate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1442000	026	CITY OR TOWN	WESTFORD
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: A & P S	PINNER MARKET & LIQUO	OR LLC	
DOING BUSINESS A A & P	SPINNER MARKET & LIQU	JOR	
ADDRESS 0002-4 W PRESCO	OTT ST		
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886
MANAGER: PATEL, RAGHUNANI	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
FIRST FLOOR; ONE ROOM NO CELLAR	FOR RETAIL SALES. SECO	ND FLOOR; SEALEI	O STORAGE AREA.
2. the licensee has con	will be of the same type for the nplied with all laws of the Conwopen for business (If not exp	nmonwealth relating to	
SIGNED BY:	nal, Partner or Authorized Corp	porate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144200028		CITY OR TO	WN WESTFO	RD
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	BSM,INC.				
DOING BUSINESS A	THE WINE CELLAR O	OF WESTFO	RD		
ADDRESS 160 LITTI	LETON RD				
CITY/TOWN: WEST	TFORD S'	ГАТЕ: <mark>МА</mark>	ZIP CODI	E: 01886	
MANAGER: ZOUZ WILLI		LICENSE:Pa	ackage Store	CATEGORY:	: All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:				
	OX 3200 SQ FT OF ARI . ENTRANCE AND REA ES				
2. the licensee	d license will be of the sa has complied with all la s are now open for busing	ws of the Com	nmonwealth relat		
SIGNED BY:	Individual, Partner or Au	nthorized Corp	oorate Officer		
DATE:	TELEPHONE NU	MBER:		OYER IDENTIFICA $f T$ Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	ENSING AUTH	IORITY
DATE:					



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LICENSE NUM	BER: 144200030		CITY OR TOWN	WESTFORD
APPLICATION	FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAN	ME: 99 RESTAURAN	TS OF BOSTON, LL	C	
DOING BUSINE	ESS A 99 RESTAURA	NT & PUB		
ADDRESS 333 I	LITTLETON RD			
CITY/TOWN:	WESTFORD	STATE: MA	ZIP CODE:	01886
MANAGER: S	PINALE, GARY TY	PE OF LICENSE:Re	staurant CAT	ΓEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PREMI			TECHENI GEAEDIG
	G AREAS, BAR AND V O SEATS IN WAITING		UR BATHROOMS K	ITCHEN, SEATING
I hamahar aantifr a	nd swear under penaltie	as of manipum; that		
	newed license will be of	1 0 0	same premises now li	censed:
	ensee has complied wit	• 1	•	
	emises are now open fo		•	
SIGNED BY:				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:			EN (D) OVED I	DENTIFICATION NUMBER
DATE.	TELEPHO	NE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
	_	_	_	by Chapter 304 of the ent for the above named
		_	_	116 of the Acts of 2010.
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplaın)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144200032		CITY OR TOWN	N WESTFOR	TD .
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WESTFORD BE	BC LLC			
DOING BUSINESS	A BRITISH BEE	R COMPANY			
ADDRESS 151 LIT	TLETON RD				
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886	
	NTGOMERY, T WARD JAMES	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
SEATING APPROX	X 175. FRONT PU XIT FOR DELIVE	LL SERVICE KITCH BLIC ENTRANCE. I ERIES AND EMERG A FENCE	REAR SIDE EMERO	GENCY PURI	POSES.
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renew	ved license will be	of the same type for t	he same premises no	w licensed;	
2. the licens	see has complied w	rith all laws of the Con	mmonwealth relating	to taxes; and	
3. the premi	ises are now open f	for business (If not ex	plain below)		
SIGNED BY:	Individual, Partr	ner or Authorized Con	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building	are in possession (1) inspector and the ho or liability insurance	ead of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl					
(11 disapproved expi	aiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 144200033	•	CITY OR TOWN WESTFU	IKD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	Pepper Dining, Inc			
DOING BUSINESS	A CHILI'S GRILL & I	3AR		
ADDRESS MICHE	LSON'S FARM			
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE: 01886	
MANAGER: CLA W. J	RKE, EUGENE TYPE R.	OF LICENSE: Resta	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS	<u> </u>
DESCRIPTION OF	LICENSED PREMISE	S:		
 the renew the licens 		e same type for the sall laws of the Commo	ame premises now licensed; onwealth relating to taxes; and n below)	I
SIGNED BY:	Individual, Partner or	Authorized Corpora	ate Officer	
DATE:	TELEPHONE :	NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signe	d by the building inspe	ector and the head	certificate required by Chap of the fire department for th quired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	oin)			
(II disappioved expi	aiii <i>)</i>			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200	034	CITY OR TOWN	WESTFOR	D
APPLICATION FOR RENEV	VAL: Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: MPG C DOING BUSINESS A ADDRESS 498 GROTON RE				
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: ELVES, ERIC	K. TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALS DESCRIPTION OF LICENSE	O VISIT OUR WEBSITE AND ENTER YOUR I ED PREMISES:	EMAIL ADDRESS		
2. the licensee has con 3. the premises are no SIGNED BY:	er penalties of perjury that: e will be of the same type for the mplied with all laws of the Com ow open for business (If not exp ual, Partner or Authorized Corp	monwealth relating to		
marvia	ual, Farmer of Flumonized Corp			
DATE: T	ELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	R: 144200035		CITY OR TOWN	WESTFOR	ND .
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 221 GR	OTON ROAD				
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886	
MANAGER:		TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF		DUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS		
2. the licens	ed license will be the has complied	e of the same type for the with all laws of the Conn for business (If not exp	nmonwealth relating to		
	Individual, Par	rtner or Authorized Cor	oorate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: eccurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
	WAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200037	C	ITY OR TOWN WESTFORD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: MANDARIN W	ESTFORD, INC.		
DOING BUSINESS A BAMBOO			
ADDRESS 000ONE LAN DRIVE			
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE: 01886	
MANAGER: WONG, CHUNG T MOU	YPE OF LICENSE: Restau	urant CATEGORY: All Alcoh	ol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAIL	L ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
A PORTION OF THE BUILDING C 175 INDOOR SEATS, PLUS A FUNC STORAGE		MATELY 8485 SQ. FT. CONTAINING TIO AREA OF 1000 SQ. FT. ATTIC	
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	of the same type for the same	me premises now licensed;	
2. the licensee has complied w		•	
3. the premises are now open to	for business (If not explain	below)	
SIGNED BY:			
SIGNED BY: Individual, Partu	ner or Authorized Corporat	te Officer	
	ner or Authorized Corporat	te Officer	
Individual, Parti	ner or Authorized Corporat	te Officer	
Individual, Parti	ner or Authorized Corporat	te Officer EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numbe	
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building	ONE NUMBER: are in possession (1) the coinspector and the head of	EMPLOYER IDENTIFICATION NUMBE	er) ne ned
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqued Please Check Below:	ONE NUMBER: nre in possession (1) the coinspector and the head of or liability insurance requ	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number 1994) ertificate required by Chapter 304 of the fire department for the above name	er) ne ned
Individual, Particular DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqued Please Check Below: APPROVED:	ONE NUMBER: are in possession (1) the coinspector and the head of or liability insurance required.	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number 116 of the Acts of 201)	er) ne ned
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqued Please Check Below: APPROVED: DISAPPROVED:	ONE NUMBER: are in possession (1) the coinspector and the head of or liability insurance required.	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above nanuired by Chapter 116 of the Acts of 201 LOCAL LICENSING AUTHORITY	er) ne ned
Individual, Particular DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqued Please Check Below: APPROVED:	ONE NUMBER: are in possession (1) the coinspector and the head of or liability insurance required.	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above nanuired by Chapter 116 of the Acts of 201 LOCAL LICENSING AUTHORITY	er) ne ned
DATE: TELEPHO We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqued Please Check Below: APPROVED: DISAPPROVED:	ONE NUMBER: are in possession (1) the coinspector and the head of or liability insurance required.	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above nanuired by Chapter 116 of the Acts of 201 LOCAL LICENSING AUTHORITY	er) ne ned



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14420003	8	CITY OR TOWN WESTF	ORD
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BRENDO	N THOMAS FOODS, INC		
DOING BUSINESS A MANGI	A MANGIA ITALIAN GR	ILLE	
ADDRESS 142 LITTLETON RI	D		
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE: 01886	
MANAGER: MALLOCK, ROBERT	TYPE OF LICENSE:	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
3000 SQ FT FIRST FLOOR A 84 GUESTS WITH FULL KITC			XIMUM OF
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for t	he same premises now licensed;	
2. the licensee has comp	lied with all laws of the Co	mmonwealth relating to taxes; ar	ıd
3. the premises are now	open for business (If not ex	plain below)	
SIGNED BY: Individual	l, Partner or Authorized Con	porate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
We the undersigned, attest that Acts of 2004, signed by the builicense and (2) the certificate of	lding inspector and the ho	the certificate required by Cha ead of the fire department for t	npter 304 of the he above named
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			 -
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144200041		CITY OR TOWN	WESTFOR	D	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20)13	
		CLASS			YEAR	
LICENSEE NAME:	APPLE EIGHT SEI	RVICES WESTFOR	RD INC.			
DOING BUSINESS A	RESIDENCE INN	BOSTON- MARR	IOTT			
ADDRESS 7 LAN DE	RIVE					
CITY/TOWN: WES	ΓFORD	STATE: MA	ZIP CODE:	01886		
MANAGER: HOGA	N, JENNIFERTYP	E OF LICENSE: Inr	nholder CA	TEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEI		MAIL ADDRESS		_	
I hereby certify and sw	vear under penalties	of perjury that:				
1. the renewed	d license will be of the	he same type for the	same premises now	licensed;		
2. the licensee	e has complied with	all laws of the Com	monwealth relating to	taxes; and		
3. the premise	es are now open for b	ousiness (If not expl	ain below)			
SIGNED BY:	Individual, Partner	or Authorized Corpe	orate Officer			_
DATE:	TELEDIJONI	Z NIIMDED.	EMPLOYER	IDENTIFICAT	TION NUMBER:	
21121	TELEPHONE	E NUMBER:	(Note: NOT Indi			
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building ins	pector and the hea	d of the fire departn	nent for the	above named	
Please Check Below:			LOCAL LICENSI	ING AUTHO	ORITY	
APPROVED: DISAPPROVED:			By:			
(If disapproved explain	 n)					
•						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	44200042		CITY	OR TOWN	WESIFUR	J)
APPLICATION FOR R	RENEWAL:	Annua	I	LICE	NSED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 6 CARLISI	WESTFORD MARK					
CITY/TOWN: WEST		STATE:	MA ZI	IP CODE:	01886	
MANAGER: PATEL EMAIL ADDRESS: PLE	CASE ALSO VISIT OUR WEBSI				CATEGORY:	All Alcohol
APPROX 2300 SQFT (MALL BUILDING, AI	OF FIRST FLOOR SI	PACE LOCA	ATED AT TI	HE SOUTE	IERLY END C	OF THE
2. the licensee 3. the premises SIGNED BY:	license will be of the has complied with all are now open for but	same type for laws of the siness (If not	or the same p Commonwea explain belo	alth relating ow)		
	, , , , , , , , , , , , , , , , , , , ,					
DATE:	TELEPHONE I	NUMBER:	(ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)]		LOC By:	CAL LICEN	ISING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144200043		CITY	OR TOWN	WESTFOR	D
APPLICATION FOR	RENEWAL:	Annua	I	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A	A BUTTER BROOK	•		В		
ADDRESS 15 OLD R						
CITY/TOWN: WES	TFORD	STATE:	MA Z	IP CODE:	01886	
MANAGER: KENN ELIZA	NEDY, TYP ABETH F.	E OF LICENS	E:Restauran	it C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	LEASE ALSO VISIT OUR WE		OUR EMAIL ADI	DRESS		
DESCRIPTION OF L			00 4 60 56	*****		
18 HOLE GOLF COU 72 CLUBHOUSE INC					SCOTTSMA	N 72' X
 I hereby certify and swear under penalties of perjury that: the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 						
SIGNED BY:	Individual, Partner	or Authorized (Corporate O	fficer		
DATE:	TELEDIJONI	E NUMBED.		EMPI OYEI	R IDENTIFICAT	ION NUMBER:
211121	TELEPHONI	E NUMBEK:			lividual Social Se	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.						
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain	 n)					
	•					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 144200045		CITY OR TOWN	WESTFORD
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	VALLEY LODGE A NASHOBA VAL	, INC.		ILAK
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886
MANAGER: FLE W.	TCHER, ALAN TYI	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PEG CD ID MICH OF	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS	
	LICENSED PREMIS		oo with the tiki but to	ented area near the tiki
	veen and around hut a		ea with the tiki hut, te	inted area near the tiki
	ses are now open for			o taxes; and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the hea	nd of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200047		CITY OR TOWN WESTFO	JKD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: The Tenth Hole, DOING BUSINESS A The Tenth Hole			
ADDRESS 400 Littleton Rd			
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE: 01886	
MANAGER: Dumont, Edward T	YPE OF LICENSE:Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
south side of route 110 portion of Kimb	all Farm Trust property		
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now licensed;	
2. the licensee has complied wi	th all laws of the Comn	nonwealth relating to taxes; and	1
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY:			
	er or Authorized Corpo	rate Officer	
DATE: TELEBLIC		EMPLOYER IDENTIFIC	ATION NUMBER:
TELEPHC	ONE NUMBER:	(Note: NOT Individual Socia	
		(Mariaum Soom	i security i variately
We the undersigned, attest that we a			
Acts of 2004, signed by the building i			
license and (2) the certificate of liquo	r nabinty insurance re	equired by Chapter 116 of th	e Acts 01 2010.
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200048	8	CITY OR TOWN	WESTFURL	,
APPLICATION FOR RENEWA	L: Annual	LICEN	NSED FOR 201	3
	CLASS		Y	/EAR
LICENSEE NAME: FENGYU	INCORPORATED			
DOING BUSINESS A KARMA				
ADDRESS 174 LITTLETON RO	OAD			
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: TANG, JING	TYPE OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
4000 SQUARE FOOT SPACE II	N LINE SHOPPING CENTI	ER. ENTRANCE AN	ND EGRESS	
I hereby certify and swear under p	penalties of perjury that:			
1. the renewed license w	ill be of the same type for the	e same premises nov	v licensed;	
2. the licensee has compl	lied with all laws of the Com	monwealth relating	to taxes; and	
3. the premises are now of	open for business (If not exp	lain below)		
SIGNED BY:				
	, Partner or Authorized Corp	orate Officer		
DATE:	EDUONE NUMBER	EMPL OVE	R IDENTIFICATIO	ON NUMBER:
IEL	EPHONE NUMBER:		dividual Social Sec	
		,		
We the undersigned, attest tha	t we are in possession (1) tl	ne certificate requii	red by Chapter	304 of the
Acts of 2004, signed by the buil				
license and (2) the certificate of	liquor liability insurance	required by Chapto	er 116 of the A	cts of 2010.
Please Check Below:		LOCAL LICEN	SING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144200050		CITY OR TOWN	WESTFOR	D
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	DAVID LOISELLE				
DOING BUSINESS	A TEDESCHI FOOD	SHOPS			
ADDRESS 64 BROO	OKSIDE RD				
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886	
MANAGER: LOIS	SELLE,DAVID TYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS		
	LICENSED PREMISE				
	STRIP MALL SETTI				
	swear under penalties o			1 1.	
	ed license will be of the ee has complied with a		_		
	ses are now open for b		=	taxes, and	
SIGNED BY:					
	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	am <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200051		CITY OR TOWN	WESTFORD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SUMMER VILLA	GE LODGE, LLC		
DOING BUSINESS A			
ADDRESS 11 SUMMER VILLAGE RD)		
CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE:	01886
MANAGER: MEDEIRA, PAUL J. TY	PE OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
SINGLE STORY WOOD FRAME STR	UCTURE INCLUDIN	G OUTSIDE DECK	XS .
 I hereby certify and swear under penaltie the renewed license will be of the licensee has complied with the premises are now open for 	The same type for the shall laws of the Comm	nonwealth relating to	
SIGNED BY: Individual, Partne	r or Authorized Corpo	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
1BBB IIIO.	(ET(GWEEK.	(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire departn	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disappioved explain)			
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: VALLEY LODGE,INC DOING BUSINESS A OUTLOOK RESTAURANT & LOUNG E ADDRESS 79 POWERS ROAD CITY/TOWN: WESTFORD STATE: MA ZIP CODE: 01886 MANAGER: FLETCHER, ALAN TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: PLASE ALSO VISIT OUR WEISTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: CIT disapproved explain)	LICENSE NUMBER: 1442000	52	CITY OR TOWN WESTFO	KD
LICENSEE NAME: VALLEY LODGE, INC DOING BUSINESS A OUTLOOK RESTAURANT & LOUNG E ADDRESS 79 POWERS ROAD CITY/TOWN: WESTFORD STATE: MA ZIP CODE: 01886 MANAGER: FLETCHER, ALAN TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [If disapproved explain]	APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
DOING BUSINESS A OUTLOOK RESTAURANT & LOUNG E ADDRESS 79 POWERS ROAD CITY/TOWN: WESTFORD STATE: MA ZIP CODE: 01886 MANAGER: FLETCHER, ALAN TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEISTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)		CLASS		YEAR
ADDRESS 79 POWERS ROAD CITY/TOWN: WESTFORD STATE: MA ZIP CODE: 01886 MANAGER: FLETCHER, ALAN TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGINEAPPROVED: UIGINE	LICENSEE NAME: VALLEY	/ LODGE,INC		
CITY/TOWN: WESTFORD STATE: MA ZIP CODE: 01886 MANAGER: FLETCHER, ALAN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UCCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	DOING BUSINESS A OUTLO	OOK RESTAURANT & LOU	ING E	
MANAGER: FLETCHER, ALAN TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	ADDRESS 79 POWERS ROAL)		
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE:	CITY/TOWN: WESTFORD	STATE: MA	ZIP CODE: 01886	
DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	MANAGER: FLETCHER, A	LAN TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
DESCRIPTION OF LICENSED PREMISES: TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UCCAL LICENSING AUTHORITY By: UCCAL LICENSING AUTHORITY By: UCCAL LICENSING AUTHORITY By:	EMAIL ADDRESS:			
TWO STORY TUBE PARK LODGE, INCLUDING FIRST FLOOR AND SECOND FLOOR LOUNGE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT OF ACT OF A	DESCRIPTION OF LICENSEI) PREMISES:		
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	TWO STORY TUBE PARK LO	ODGE, INCLUDING FIRST I	FLOOR AND SECOND FLOOF	R LOUNGE.
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain)	I hereby certify and swear under	penalties of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIG disapproved explain)	1. the renewed license	will be of the same type for the	e same premises now licensed;	
SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; and	l
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	3. the premises are now	open for business (If not exp!	lain below)	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:				
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT Glisapproved explain)	SIGNED BY:			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below:	Individua	al, Partner or Authorized Corp	orate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below:				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below:				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)	DATE: TE	I FPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By: URL disapproved explain		ELI HONE WOMBER.	(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By: URL disapproved explain				
license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:				
APPROVED: By: DISAPPROVED: (If disapproved explain)		•		
DISAPPROVED: (If disapproved explain)	<u> </u>			IORII I
			by.	
DATE	(If disapproved explain)			
DATE:				
DATE:			<u> </u>	
DATE.	DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14	JMBER: 144200053 CITY OR 7			TOWN WESTFORD		
APPLICATION FOR RENEWAL: Annual LIG			LICEN	ICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: TN DOING BUSINESS A T ADDRESS 103 MAIN S	EDESCHI FOO					
CITY/TOWN: WESTFO	ORD	STATE: MA	ZIP CODE:	01886		
MANAGER: AKTAR,	NASRIN TYP	E OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_	
DESCRIPTION OF LICI	ENSED PREMIS	ES:				
40' X 60' ATTACHED B	LOCK BUILDIN	NG PART OF A MU	JLTI UNIT STRIP M	IALL		
I hereby certify and swea	r under penalties	of perjury that:				
1. the renewed li	cense will be of t	he same type for the	e same premises now	licensed;		
2. the licensee ha	as complied with	all laws of the Com	monwealth relating to	taxes; and		
3. the premises a	are now open for	business (If not exp	lain below)			
SIGNED BY:	dividual, Partner	or Authorized Corp	orate Officer			
D + 1777						
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(170ter <u>1701</u> mid	ividual Boelai B	ceurity (vamoer)	
Please Check Below:			LOCAL LICENS	ING AUTUG	aditv	
APPROVED:			By:	INO AO ITR	JKIT I	
DISAPPROVED:			By.			
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144200054			CITY OR TOWN WESTFORD				
APPLICATION FOR RENEWAL:		Annual	LICEN	LICENSED FOR 2013			
		CLASS			YEAR		
	CHIPOTLE MEXICA A CHIPOTLE MEXIC TLETON ROAD						
CITY/TOWN: WE	STFORD	STATE: MA	ZIP CODE:	01886			
	OMPSON, TYPE HUA	OF LICENSE:Re	staurant C.	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
3 ENTRANCES/EX	LICENSED PREMISE ITS TO THE PREMISE THER BACK68 WI	ESDINING AR					
2. the licens	wed license will be of the see has complied with all ises are now open for bu	l laws of the Com	monwealth relating t				
SIGNED BY: Individual, Partner or Authorized Corporate Officer							
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Acts of 2004, signe	ed, attest that we are in d by the building inspe certificate of liquor lia	ctor and the hea	d of the fire depart	ment for the	above named		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	DRITY		
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 144200055		CITY OR TOV	WN WESTFOR	Ф	
APPLICATION FOR	R RENEWAL:	Annual	LIC	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS	A BURTONS GRIL		LC			
ADDRESS 83 BOST						
CITY/TOWN: WES	STFORD	STATE: MA	ZIP CODE	i: 01886		
MANAGER: HAR	RON, KEVIN TYP	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WI	BSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMIS	SES:				
6500 SQ.FR +/- STA AND THREE (3) AD				1) MAIN ENTRA	ANCE	
I hereby certify and s	=					
	ed license will be of	• 1	•			
	ee has complied with ses are now open for			ng to taxes; and		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer			
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT		
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the head	d of the fire dep	artment for the	above named	
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	in)					
(11 disappioved expla	<i>)</i>					
DATE:						